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08/16/2010

KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR **IRVINE, CA 92614** 

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/550,297 09/21/2005		Raymond Andrieu		LEMAN.001APC		1931		
TITLE OF INVENTION: INTRAPARIETAL AORTIC VALVE REINFORCEMENT DEVICE AND REINFORCED AORTIC VALVE								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TO	TAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	11/16/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		ΨΙΟΙΟ	11/10/2010	
SCHILLINGER, ANN M		3774	623-002140					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list			Knobbe	Martens	
			<ol> <li>(1) the names of up to 3 registered patent or agents OR, alternatively,</li> <li>(2) the name of a single firm (having as a registered attorney or agent) and the nam 2 registered patent attorneys or agents. If listed, no name will be printed.</li> </ol>		•		D TYD	
						Olson &	Olson & Bear LLP	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
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Leman Cardiovascular SA Switzerland								
Please check the appropriate assignee category or categories (will not be printed on the patent): $\square$ Individual $\boxtimes$ Corporation or other private group entity $\square$ Government								
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
X Issue Fee		A check is enclosed.						
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies			The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).					
5. Change in Entity Stat	us (from status indicated	i above)						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.								
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			*****					
Authorized Signature			Date					
Typed or printed name	Cynthia Arko	Registration No. 61,420						
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process)								
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria Virginia 22313-1450.								
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